



INSTRUCTORS	
INSTRUCTOR NAME(S)	INSTRUCTOR NAME(S)

Do you agree to provide a certificate of course completion to every participant that completes your course(s), using the sample certificate format that is provided with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read and understand the statutes and rules regarding continuing education that were provided with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTARY CERTIFICATE		
I (we) the undersigned, submit this application in conformance with 820 IAC 6 pertaining to cosmetology educator approval. I (we) understand that any violation of the license law or rules on my (our) part will subject me (us) to loss of approval. I (we) certify that the information given in this application is true and correct to the best of my (our) knowledge.		
STATE OF _____		COUNTY OF: _____
Signature of principal officer, partner, manager or sole proprietor		Signature of Notary Public
Printed or typed name of principal officer, partner, manager or sole proprietor		Printed or typed name of Notary Public
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Tabled   Reason:	
<input type="checkbox"/> Denied   Reason:	
Board signature:	Board signature:

# CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
PARTICIPANT ADDRESS

\_\_\_\_\_  
LICENSE NUMBER

HAS COMPLETED THE FOLLOWING COURSE(S)

AT \_\_\_\_\_

COURSE(S)	(LOCATION)	DATE	HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
EDUCATOR NAME

\_\_\_\_\_  
EDUCATOR ADDRESS

\_\_\_\_\_  
EDUCATOR SIGNATURE